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APPLICANTS
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**** FOREIGN APPLICATIONS *******
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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY JAPAN	SHEETS DRAWINGS 8	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
Verified and /JEFFREY MICHAEL WOLLSCHLAGER/ Examiner's signature		Initials				

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TITLE
 EXTRUSION MOLDING SYSTEM AND METHOD

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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